

**CONFIRMATION OF EMPLOYMENT FOR
THE ALTERNATIVE ROUTE TO A SPEECH LANGUAGE TECHNICIAN
UTAH PROFESSIONAL EDUCATOR LICENSE PROGRAM**

PERSONAL INFORMATION

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

CACTUS ID #

EMPLOYMENT

In order to pursue this alternative route, the candidate must be employed by a Utah school district or an accredited Utah school in a LICENSED position.

EMPLOYING DISTRICT OR SCHOOL

CONTACT PERSON

EMPLOYED IN THE FOLLOWING LICENSED POSITION

GRADE

CANDIDATE HAS BEEN ASSIGNED TO THE FOLLOWING SCHOOL

SUBJECT

THIS CANDIDATE IS TEACHING: (Please check one)

Full time: ☐

Half time: ☐

Less than half time/part time: ☐

CANDIDATE'S Special Education Director (signature)

CONTRACT HIRE DATE:

I certify that this applicant is employed in a licensed position by this school district.

Signature of Human Resource Director

Date

Submit this document by mail: Utah State Office of Education ATTN: Special Education/SLT Rebecca Lewis, 250 EAST 500 SOUTH, P.O. BOX 144200, SALT LAKE CITY, UT 84114-4200, Phone 801-538-7874